



STATE OF NEW HAMPSHIRE
Department of Safety
Road Toll Bureau
33 Hazen Drive, Concord, NH 03305
(603) 271-2311

FOR OFFICE USE ONLY
OFFICE AUDIT
BY: _____ DATE: _____
VERIFICATION
BY: _____ DATE: _____

OIL DISCHARGE & POLLUTION CONTROL REPORT

NAME: _____

MONTH OF: _____ YEAR: _____

ADDRESS: _____

Report must be postmarked no later than the 20th day of the month following the reporting period.

CITY/TOWN: _____

TELEPHONE NO: _____

STATE: _____

ZIP: _____

LICENSE NO.: _____

RECEIPTS	AUTO/AVIATION GASOLINE	DIESEL FUEL	JET FUEL	HEATING OIL	MOTOR OIL	OTHER
	GALLONS	GALLONS	GALLONS	GALLONS	GALLONS	GALLONS
1. RECEIPTS FROM LOCATIONS OUTSIDE NH						
2. RECEIPTS FROM LOCATIONS WITHIN NH						
3. TOTAL CHARGES (LINE 1 AND 2)						
4. SALES AND TRANSFERS OUT-OF-STATE						
5. TAX PAID PURCHASES						
6. TOTAL NON-TAXABLE (LINE 4 AND 5)						
7. TOTAL TAXABLE (LINE 3 MINUS LINE 6)						

TAX COMPUTATION

8. OIL POLLUTION ADJUSTMENTS						
9. OIL POLLUTION TAXABLE GALLONS						
10. OIL POLLUTION NET GALLONS						
11. OIL POLLUTION FEE (LINE 10 * \$.00125)						
12. OIL DISCHARGE ADJUSTMENTS						
13. OIL DISCHARGE TAXABLE GALLONS						
14. OIL DISCHARGE NET GALLONS						
15. OIL DISCHARGE & DISPOSAL (LINE 14 * \$.015)						
16. FUEL OIL DISCHARGE ADJUSTMENTS						
17. FUEL OIL DISCHARGE TAXABLE GALLONS						
18. FUEL OIL DISCHARGE NET GALLONS						
19. FUEL OIL DISCHARGE & DISPOSAL (LINE 18 * \$.0125)						
20. AUTOMOTIVE/MOTOR OIL ADJUSTMENTS						
21. AUTOMOTIVE/MOTOR OIL TAXABLE GALLONS						
22. AUTOMOTIVE/MOTOR OIL NET GALLONS						
23. AUTOMOTIVE OIL FEE (LINE 22 X \$.02)						
24. MOTOR OIL DISCHARGE (LINE 22 X \$.04)						
Net Due (Total of Lines 11, 15, 19, 23, and 24)					\$	

Signature: _____

Title: _____

Date: _____

(Signed under penalty of unsworn falsification pursuant to RSA 641:3.)

MAKE CHECKS PAYABLE TO: STATE OF NH-ROAD TOLL BUREAU
(SEE REVERSE SIDE FOR INSTRUCTIONS)

INSTRUCTIONS
(Use Whole Gallons Only)
RT 51

1. This report must be filed in the actual name of the licensee and for each calendar month as long as the license is retained. "Every person who imports or causes to be imported oil shall file a monthly report for the preceding month and shall include all fees due for that reporting period."
2. A report must be filed although there were no operations during the month. "All required reports shall be filed, even in those cases where no operation occurred within the state..."
3. All reports must be postmarked "on or before the twentieth day of the following calendar month."
4. "Failure to file by the required date or to enclose fees due shall result in the assessment of a 10 percent penalty to be added to the amount of fees due for that month. If no fees are due, a penalty of \$1 per day shall be assessed. Said penalty shall immediately accrue and thereafter the overdue fees and the penalty shall bear interest..."
5. Report and payment must be submitted together.
6. Additional forms may be requested from this office or may be duplicated on your office copier. "A facsimile of the official forms provided by this bureau shall be accepted by the bureau if the licensee does not have access to the official forms."
7. One schedule per product shall be submitted with the monthly report. Each schedule shall include the delivery date (for each receipt/sale), transporter name, your supplier's name, origin state, and the customer/purchaser name/address, the product type, and the quantity of gallons (for each receipt/sale). (See instructions under RECEIPTS and DISTRIBUTION).
8. Diesel Fuel Column: All diesel products (including any added clear kerosene).
9. Heating Oil Column: All oil used for heating purposes such as #2, #6, dyed kerosene and waste oil. (See Fuel Oil Exemptions below).
10. Motor Oil Column: All motor/automotive lubricating oil and transmission fluid.
11. "Other" Column: Oil based products not listed as separate columns (such as cutting oils, petroleum cleaning solvents, etc.)

RECEIPTS

- Line 1: List only receipts of product imported from sources outside NH and complete Schedule #45-1 as required in detail.
Line 2: List only receipts of product purchased from sources within NH and complete Schedule #45-2 as required in detail.
Line 3: Totals of Lines 1 and 2

DISTRIBUTION

- Line 4: List sales and transfers out of state (out of NH) and complete Schedule #45-4 as required in detail.
Line 5: List product on which you paid the fee/tax to your supplier at the time of purchase and complete Schedule #45-5 as required in detail.
Line 6: Total Non-Taxable (Line 4 and 5).
Line 7: Total Taxable (Line 3 minus Line 6).

TAX COMPUTATION

Lines 8, 12, 16, & 20: Enter the total net adjustments applicable to the specific fund (which may be an addition or a deduction) and attach a detailed explanation to the report. These adjustments are for product transfers, corrections or exemptions to product and NOT to be used to show the results of a NH audit.

- Lines 9, 13, 17, & 21: Enter the proper taxable gallons (from Line 7).
Lines 10, 14, 18, & 22: Enter proper net taxable gallons (total of prior two lines).
Lines 11, 15, 19, 23, & 24: Compute total dollars due or (refund) for each specific fund.

NOTE:

Lines 20-23: Automotive Oil/Motor Oil Discharge-Two separate fees Automotive Oil fee (\$.02) and the Motor Oil Discharge (\$.04) are combined in this section.